

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF PENNSYLVANIA

In re: Eric Leggett : Chapter 7
Patrice Leggett :
Debtors : No. 18-11472-amc

**AMENDED CERTIFICATION OF SERVICE OF MOTION TO AVOID JUDICIAL
LIEN OF AMERICAN HERITAGE FEDERAL CREDIT UNION**

IT IS HEREBY CERTIFIED, that on April 12, 2018 a true and correct copy of the Debtors' Motion to Avoid American Heritage Federal Credit Union's Judicial Lien on the Debtors' residence along with the Notice of Hearing Date has been served upon the Debtors and the following parties by the following means:

Richard M. Squire, Esquire
Richard M. Squire & Associates, LLC.
115 W. Avenue, #104
Jenkintown, PA 19046
(Counsel for American Heritage Federal Credit Union)
(Via first class mail)

Bruce K. Foulke, President & CEO
American Heritage Federal Credit Union
2060 Red Lion Road
Philadelphia, PA 19115
(Via Certified Mail Return Receipt Requested)
(Copy of signed Postal Return Receipt is attached as Exhibit "A")

Terry Dershaw, Chapter 7 Trustee
(Via electronic service)

United States Trustee
(Via electronic service)



WATERMAN & MAYER, LLP

BY: /s/ Scott F. Waterman

SCOTT F. WATERMAN

Attorney for Debtors

Dated: April 19, 2018

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
1. Article Addressed to: Bruce K. Foulke, President & CEO American Heritage Federal Credit Union 2060 Red Lion Road Philadelphia PA 19115		B. Received by (Printed Name) ROBERT M. TOLLOCK	C. Date of Delivery 4-16-18
 9590 9402 3412 7227 8769 51		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7017 0190 0000 2850 7360		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

EXHIBIT "A"